



SAN DIEGO REFUGEE HEALTH ASSESSMENT PROGRAM (RHAP) FY 2017-2018

(OCTOBER 1, 2017 TO SEPTEMBER 30, 2018)

Public Health Services

Tuberculosis Control and Refugee Health Branch

Posted Jan 23, 2020



TYPES OF ARRIVALS TO THE U.S. SERVED BY REFUGEE HEALTH ASSESSMENT PROGRAM (RHAP)



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RHAP PROVIDES SERVICES FOR THE FOLLOWING FIVE ARRIVAL GROUPS:

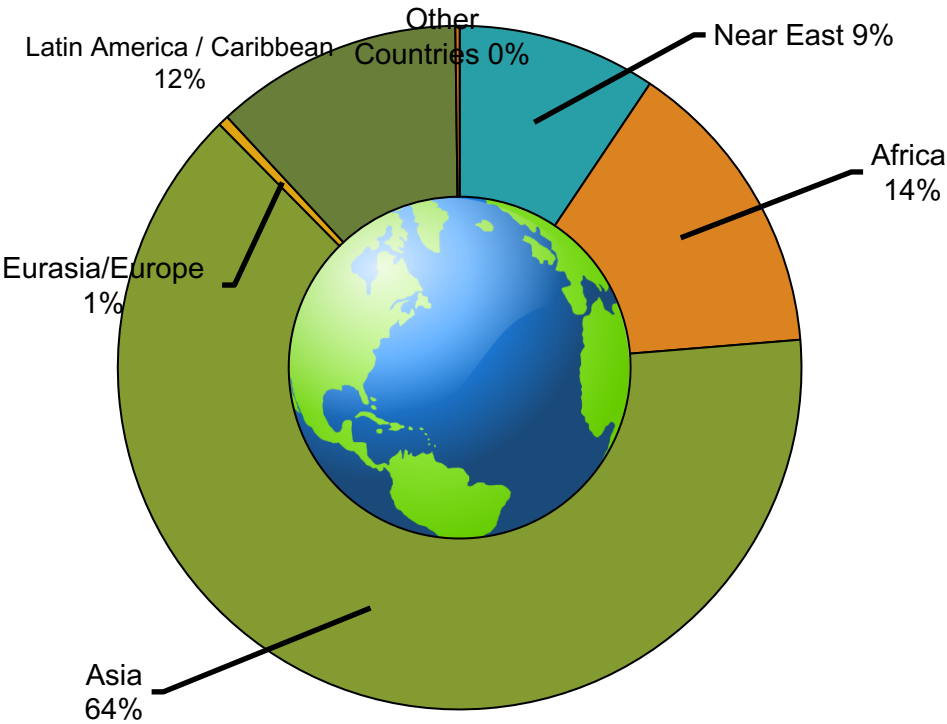
1. Refugees: Individuals granted refugee status by the U.S. Citizenship and Immigration Services (USCIS) while outside the U.S. Refugees are unable to live in their country of origin because of persecution or a well-founded fear of persecution due to race, religion, nationality, membership in a particular social group, or political opinion.
2. Asylees: Individuals granted asylum by the USCIS after entering the U.S. Asylees are unable to return to their country of origin because of persecution or a well-founded fear of persecution due to race, religion, nationality, membership in a particular social group, or political opinion.
3. Cuban and Haitian Entrants: Nationals of Cuba and Haiti who are in the U.S. and may be determined to be unable to return to their respective countries. This status is granted by the USCIS.
4. Victims of Trafficking (VOT): Victims of human trafficking are individuals who have been subjected to force, fraud, or coercion, for the purpose of sexual exploitation or forced labor.
5. Special Immigrant Visas (SIV): Certain immigrants from Afghanistan and Iraq who are at risk as employees and former employees of the U.S. government abroad, their spouses and children.



Table 1. Country of Birth Among RHAP Clients

Country of Birth	Count (N=596)	% of Arrivals
Afghanistan	313	52.5
Haiti	44	7.4
Iraq	42	7.0
Congo, DRC	37	6.2
Pakistan	29	4.9
Uganda	14	2.3
Sri Lanka	14	2.3
Burundi	11	1.8
Cuba	10	1.7
Tanzania	10	1.7
Myanmar	7	1.2
India	6	1.0
Other countries	59	10.0
Total	596	100.0

Figure 1. RHAP Client Birth Country Regional Distribution



RHAP SERVICES BY ARRIVAL STATUS

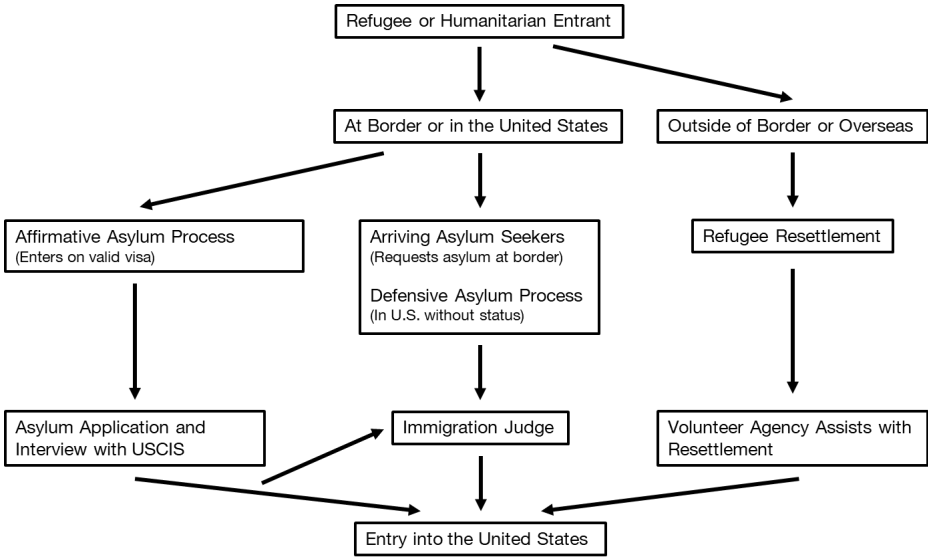


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Table 2. Entry Status Among RHAP Clients

Type of Entrant	Count (N=596)	%
Refugee	181	30.4
SIV*	323	54.2
Haitian/Cuban Entrants	62	10.4
Asylee	29	4.9
VOT**	1	0.2
Total	596	100.0

Figure 2. Framework for Refugees, Asylees, and VOTs**



*SIV = Special Immigrant Visa

**VOT= Victim of Trafficking

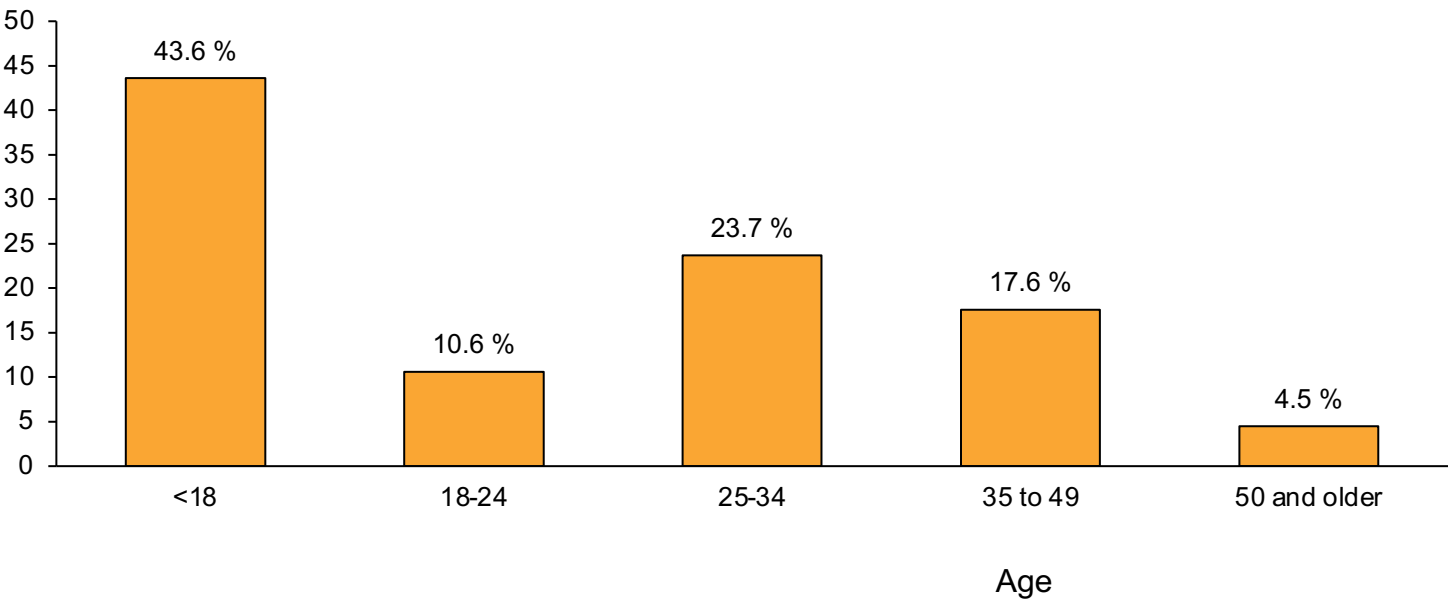
Data source: TB Control and Refugee Health, Refugee Health Electronic Information System, 2017-2018.



Table 3. Distribution of Gender Among RHAP Clients

Gender	No. (n=596)	%
Female	304	51.0
Male	289	48.5
Transgender	3	0.5

Figure 3. Distribution of Age Among RHAP Clients (%)



SCREENING FOR TUBERCULOSIS



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Since many conditions may affect the health of refugees, all refugee arrivals are provided a full medical screening before coming to the United States. Upon arrival and as part of the RHAP assessment, refugees and other types of entrants are rescreened to identify any individuals with latent tuberculosis infection (LTBI) to ensure timely treatment and prevention. LTBI is not infectious and those with the infection are not symptomatic at time of diagnosis. Nonetheless, 5 to 10% of those with LTBI develop active tuberculosis in their lifetime if left untreated. Treatment with appropriate antibiotics is provided to all RHAP clients diagnosed with LTBI.

Table 4. Tuberculosis Status Among RHAP clients

Tuberculosis Classification	No. (N=585)*	%
No exposure, no infection (TB Class 0)	467	79.8
TB infection, no disease - Latent Tuberculosis Infection (TB Class II)	109	18.6
TB infection, clinically active (TB Class III)	3	0.5
Previous TB disease, not clinically active (Class IV)	6	1.0
TB suspected, pending final diagnosis (Class V)	0	0

* 567 individuals fully completed the refugee health assessment
Data source: TB Control and Refugee Health, Refugee Health Electronic Information System, 2017-2018.

HIV, SEXUALLY TRANSMITTED DISEASES (STDs), AND HEPATITIS



RHAP provides services for the prevention and control of communicable disease through health screenings. Early assessment and diagnosis of diseases and conditions provide an important means to monitor and evaluate health status for the refugee population. Public Health Services utilizes the data to develop prevention and intervention strategies and to allocate resources to reduce disparities and prioritize health equity.

Table 5. HIV, Sexually Transmitted Diseases, and Hepatitis Among RHAP Clients

5A. Chlamydia

Test Result	Count (N=60)	%
Positive	0	0.0
Negative	60	100.0

5B. Hepatitis B (HBsAg)

Test Result	Count (N=562)	%
Non-reactive	553	98.4
Reactive	9	1.6

5C. Hepatitis C

Test Result	Count (N=562)	%
Non-reactive	555	98.8
Reactive	7	1.2

5D. HIV

Test Result	Count (N=596)	%
Positive	4	0.7
Negative	553	92.8
Declined	39	6.5

5E. Syphilis

Test Result	Count (N=381)	%
Non-reactive	371	97.4
Reactive	10	2.6



The RHAP program also screens for parasitic infection and vector borne diseases that may be prevalent in the region of departure.

Table 6. Parasitic Infection and Vector Borne Diseases Among RHAP Clients.

6A. Ascariasis

Test Result	Count (N=596)	%
Yes	2	0.3
No	594	99.7

6D. Blastocystis Hominis

Test Result	Count (N=596)	%
Yes	180	30.2
No	416	69.8

6B. Dientamoeba Fragilis

Test Result	Count (N=596)	%
Yes	14	2.4
No	582	97.7

6E. Entamoeba Histolytica

Test Result	Count (N=596)	%
Yes	2	0.3
No	594	99.7

6C. Giardiasis

Test Result	Count (N=596)	%
Yes	32	5.4
No	564	94.6

6F. Hymenolepiasis

Test Result	Count (N=596)	%
Yes	4	0.7
No	592	99.3

LEAD LEVELS IN CHILDREN BY AGE



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Table 7. Elevated Lead Levels Among Children Aged 6 months to 15 years

Test Result	Count (N=218)	%
Elevated	76	35.0
Not elevated	141	65.0

Figure 4. Age Distribution of Children with Elevated Lead Levels (N=76)

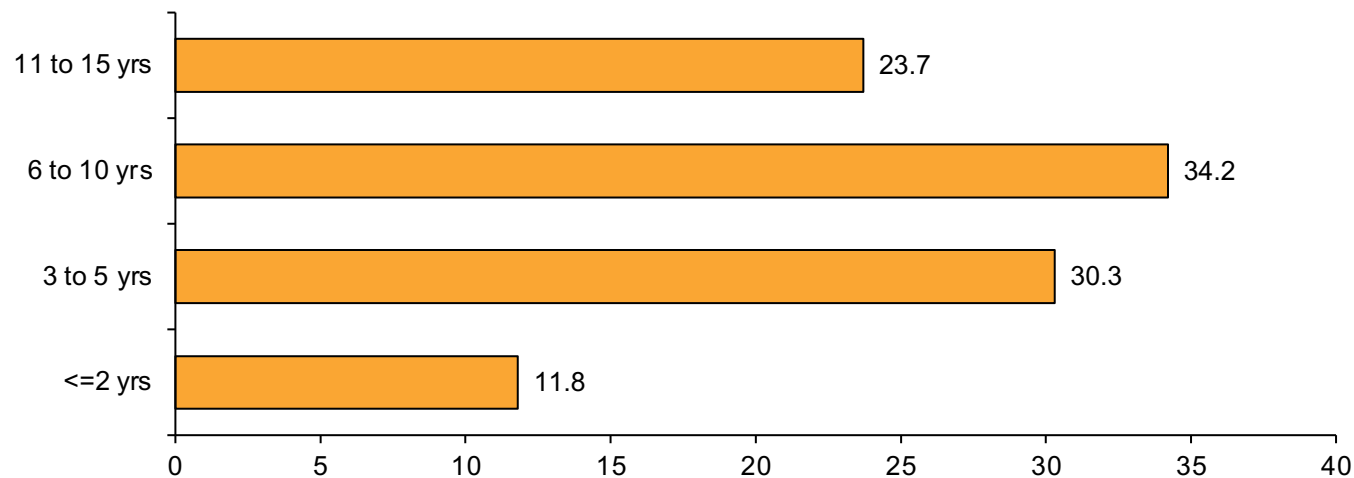




Table 8. Chronic Disease Among RHAP Clients

Test Result	Count (N=596)	%
Dental Caries	149	25
Obesity	46	7.7
Poor Eyesight	23	3.9
Hypertension	23	3.9
Diabetes	6	1.0
Asthma	3	0.5
Heart Disease	2	0.3



Thank you!

For questions and inquiries, please contact
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On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.